PERISCOPE.

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PHYSIOLOGY OF THE NERVOUS SYSTEM.

A CERTAIN KIND OF INSOMNIA.—The two most reliable signs of perfect health are the absence of pain and the ability to sleep tranquilly and soundly. One kind of insomnia is frequently met with and is most difficult to treat—the insomnia caused by malaria. First, we have a group of patients who sleep neither day nor night. They count each stroke of the clock all night, lie awake tortured by their own thoughts, rise in the morning all tired out, and unfit for daily duties. In another form of this complaint, after a rest of two or three hours, the patients waken and get no more sleep. This short slumber refreshes them, they can attend to business, giving out, however, quite frequently during the day, their limbs seeming to give way under them. To a third class belong those who fall asleep and sleep well up to a certain hour or moment. Their short rest seems to have perfectly refreshed them, but they are frequently subject to slight chills and fever and sweating, also to neuralgia and lumbago and exhaustion.

It seems probable to me that the microbes of malaria may produce a similar condition to that of certain alkaloids —caffeine, theine, theobromine, etc., that cause wakefulness. It is evident that these malarial microbes are contained in great quantities in the veins, and also in the smaller vessels of the pia mater and the large gangla of the brain. Here they may act as a delicate "reagent," by means of which the existence of malaria may be proved, viz., by their effect in producing the insomnia of the patient. Massage, hydropathic treatment, and quinine combined with sodium bicarbonate or dilute phosphoric acid are of great service in such insomnia. Morphine, chloral, etc., are dangerous and non-curative, heightening rather than diminishing the disease, and producing an overwhelming sensation of excessive fatigue and mental depression, accompanied frequently by increased sexual desires and a morbid anxiety about business and the affairs of life.—F. Eklund, M.D., Stockholm, Sweden, in *Therapeutic Gazette*, Dec. 15, 1887. L. F. B.

PUERPERAL INSANITY.

The term puerperal insanity is employed in a comprehensive sense, embracing (1) the insanity of gestation ; (2) post-parturient insanity, and (3) lactational insanity, or cases caused by long nursing. It is the most favorable form of mental derangement. The forms that it may assume are melancholia, mania, delusional insanity, and dementia. Its causes are predisposing and exciting, as in other diseases. Heredity, and an acquired predisposition from former attacks of insanity, play the most important part. In 765 cases collected by Dr. Ripping, 16.4 belonged to the first type (insanity of gestation), 50.6 to puerperal insanity, and 33 per cent. to the lactational type. The first form usually makes its appearance about the end of the third or the beginning of the fourth month of pregnancy. Griesinger attaches considerable importance to the emotions of women pregnant for the first time. He also says (quoting Marce's " Folie des Femmes Enceintes) : "Slight mental disorders, hysterical humors, irresistible longings, foolish jealousy, and kleptomania are more frequent during pregnancy than fully developed insanity." Depression, or mild melancholia with anxious delusions, is the form that mental derangement generally assumes at this period. Puerperal insanity begins within thirty or sixty days after delivery, occurring more frequently during the week following parturition than at any other time, usually on the third or fourth day. " Mental incoherence during natural labor " (Montgomery) is well known to every accoucheur, and is only an evanescent state. Melancholia, delusional insanity, and even dementia may occur, although mania is the most common form of insanity following parturition, and is the most dangerous to life. Tense cases very often resemble an acute phrenitis. The suicidal tendency is not uncommon, especially in melancholia. The character undergoes a complete change. The woman may evince a profound aversion to her nearest and dearest, talk incessantly, give way to the most violent anger, utter the most awful oaths and imprecations, and act as though possessed by demons. Anxiety, severe and tedious labors, convulsions, or great loss of blood, are among the exciting causes of this unhappy state. Insanity of lactation occurs in delicate women who have borne children rapidly and suckled them a long time. The patient's thoughts assume a sad and sombre hue, and soon are only on one subject—herself. Delusions, self-reproach and self-accusation of the " unpardonable sin " are common. The majority of such cases are of the melancholic type, but exceptional cases of mania do occur. Whatever the form of insanity due in some way to reproduction, each patient should be studied as a unique specimen, and the case treated according to the symptoms it presents. In acute maniacal cases, the first and most important indication is to allay the excitement by subduing the irritation of the nervous system. This is best accomplished by free catharsis, followed by sedatives aud anodynes. Chloral, the bromides, and hyoscyamus are more to be depended upon than opiates. When the febrile excitement has been subdued, tonics—iron, cinchona, quinine, and simple bitters, with good, nourishing diet and wine—are indicated. Warm bathing, rest and quiet, together with moderate systematized exercise, are also in order. In cases of profound melancholia, with stupor and apathy, blisters to the temple and nucha are frequently beneficial. Lactational insanity requires the weaning of the child first and tonic treatment next. With insanity of gestation there is usually a strong hereditary predisposition, and recovery is doubtful before delivery. Active treatment is contra-indicated. Diet, exercise, and hygienic surroundings are the only safe measures to be adopted.—J. E. BOWERS, M.D., in *Northwestern Lancet*, Feb. 1, 1888.

L. F. B.

PARAPLEGIA FOLLOWING PNEUMONIA.

In an article published in the *Gazette Hebdomadaire*, Dr. Carré has collected the various cases of paraplegia following pnemonia thus far published, eight in all, and adds one observed by himself. From a comparison of these cases it seems that they are very dissimilar. Most frequently a general weakness is noticed; the paralysis may, however, be complete, particularly in the lower extremities. Sometimes the muscles of the chest, of the shoulders, of the larynx and of the pharynx are affected. Paræsthesia, and even anæsthesia, has been noticed. In some cases the paralysis began in the lower extremities and ascended; in others the course is descending, affecting the four extremities without any regular sequence. Occasionally the symptoms are purely spinal, at other times the intra-cranial nerves are also affected. In all the cases the paralysis occurred during convalescence from the pneumonia; in one half the cases the termination was fatal. Carré believes the cause to be infectious, and considers the existence of microbes in the nervous centres probable. (*Journal de Médecine*, March, 1888.) G. W. J.

PARALYSES FOLLOWING RAILROAD ACCIDENTS.

Onimus, in his "Traité d'électricité Medicale," devotes a chapter to the above subject. It seems that particularly those persons are subject to spinal lesions who travel seated with their back to the engine. Persons sleeping at the time of the accident escape to a great extent. The causes of both these facts are purely physical ones. This spinal concussion is of importance, because it dominates all other symptoms following the accident and often produces paralysis after days or even weeks. Also characteristic is the long duration of the affection. Onimus cites a case, noteworthy on account of the smallness of the lesion, which consisted only of slight atrophy of the trapezius and contracture of the scaleni and which during years, although the atrophy had disappeared, remained in a state of contraction, rendering all movements of the neck difficult and painful. The principal difficulty in diagnosis consists in the exclusion of simulators. The electric current serves as a guide. (*Journal de Médecine*, March, 1888.) G. W. J.

RETROGRADE AMNESIA FOLLOWING INTENSE EXCITEMENT.

Under the name of retrograde amnesia, Azam has described the following facts: A healthy patient receives a severe cranial injury, he loses consciousness, and when this is regained, it is found that the recollection of the accident, as also the memory for events preceding the occurrence are entirely lost. Two, three or four days prior to the accident, and the circumstances of the accident itself are entirely obliterated from the subject's memory; in every other respect his memory is perfect. Little by little the recollection of occurrences anteceding the accident is regained until finally there is only a hiatus as regards the occurrence itself. Arnozan has described an analogous condition occurring in a patient after intense emotion due to the receipt of bad news. From the moment of the mental shock, without any nervous symptoms or other intellectual disorder, every fact connected with the subject disappeared from his mind, and he was unable to comprehend any of the details explained to him or to appreciate the consolations offered him. When seen by Arnozan he presented loss of memory for all actions and facts which had taken place during three days. In every other point his memory was normal. The disorder was only transitory, for in twenty-four hours all traces of the affection had disappeared. (*Journal de Médecine*, March, 1888.) G. W. J.

CEREBRAL TUMOR WITH HÆMORRHAGE.

(E. J. Sidebotham, M.B., in Saint Bartholomew's Hospital Reports, Vol. xxiii., 1887.)

The patient, æt. 20, apparently in perfect health, was suddenly attacked by pain in the head. A physician who was sent for found him comatose. The pupils were contracted to a pin-point, and there was divergent squint. He soon regained consciousness, and the pupils became natural. He complained of pain on the right side of the head, the movements of the left arm and leg were feeble, and the knee-jerk was absent on the left side. There was hiccough, retching and vomiting. During the next four days the following symptoms were observed: There were wide hysteroid movements of the right limbs, purposeless as a rule; profuse sweating; pupils equal; divergent squint; paralysis of the left arm and leg, sometimes rigidity of both arm and leg; the left knee-jerk was absent, the right normal; the temperature varied from 100.8° to 104°; there were several attacks of opisthotonos with spasm of the left limbs, also side-arching of the body, the concavity of the arch being to the left side of the body, but in one attack it was to the right. He died on the fifth day. The evening before his death the hysteroid movements ceased. The whole body was periodically thrown into tonic spasm.

At the post-mortem examination, a large irregular hæmorrhage was discovered in the right hemisphere of the brain, whose origin was obviously a tumor, which was situated on the surface of the angular gyrus. The hæmorrhage extended from the surface of the brain to the posterior part of the internal capsule, and had neither burst into the lateral ventricle nor externally. The tumor was an inch in length by three-quarters of an inch in diameter. It consisted of a close plexus of blood vessels. These vessels appeared to be derived from the artery upon which they lay, reinforced by branches from neighboring arteries. The tumor must therefore be classed as an angioma or nævus.

REFLEX PSYCHOSIS FROM TRAUMATISM.

At a meeting of the Berliner Gesellschaft für Psychiatre und Nervenkrankheiten, held on January 9th, 1888, Dr. Thomsen presented the following case:

W., an invalid soldier, with heredity history, but himself always healthy, received a gun-shot wound in the right upper extremity, in 1870. In 1884, attacks of pain appeared in the arm; these gradually increased, and in 1885, during every attack of pain, an hallucinatory mental disturbance made its appearance; of short duration and with pure intervals at first, but later more intense and less clearly periodical, the intervals being filled with fearful dreams, emotional depression, etc. During the paroxysm the patient sees forms and animals, men covered with blood, dogs, buffaloes, etc., which threaten him, so he believes. During the severe attacks he becomes confused and very much excited; during the mild ones, merely seized by fear; during the intervals he is wholly mentally sound and has full knowledge of his condition.

During the attack there is right-sided hemianæsthesia, involving both the skin and the organs of special sense; smell and taste are gone on the same side, the field of vision is enormously contracted on both sides, colors are distinguished very poorly or not at all (excepting red); there is deafness in left ear.

During the interval all disturbances of sensation disappear.

On December 27th, 1887, the cicatrix was cut out, two days after which there was a return of hallucinatory attack lasting but twenty-four hours, and ever since then a return to mental health and normal sensation. The patient never had epilepsy. The speaker concluded, therefore, that the patient was a case of pure peripheral reflex psychosis. (Centralblatt für Nervenheilkunde, etc., February 15th, 1888.) N. E. B.

TABES DORSALIS.

Dr. Martins (Deutsche Medicinische Wochenschrift, March 1st, 1888). The following case presents some exceptional points of interest:

The patient was perfectly well up to his fifty-third year, never had syphilis; was taken ill in June, 1885, with typhoid fever, which confined him to his bed for six weeks, at the end of which time the first symptoms of tabes appeared. These consisted of paræsthesia, exclusively confined at first to the upper extremities, especially to the hands and finger tips (feeling of stiffness, fur sensation, and the like). It was not until two months thereafter that the lower extremities became involved. Soon thereafter a palpable feeling of weakness in the lower extremities appeared, and it was this that brought him to the hospital (Charité).

At his entrance the history was as was given, paræsthesiæ in hands and feet, weakness in knees. Objectively, the internal organs were found to be healthy; in the motor sphere, no signs of ataxia, nor was the walk ataxic; pupils reacted normally to light, no swaying on closing eyes; knee phenomena present on both sides and easily worked. The only demonstrable symptom in the sensory sphere was that, on closing the eyes, the patient could not distinguish with his hands little objects, the feeling being as if he had thick gloves on his fingers. There was a disturbance of pressure sense, less of temperature sense.

Tabes was thought of, but the diagnosis could not be substantiated, for the classified symptoms, viz., the Romberg, Robertson, and Westphal signs were all absent. It was only after two months that the girdle sensation appeared.

At the end of March, the patient died of an intercurrent pneumonia, on the third day of the disease. During the pneumonia, reflex iridoplegia appeared, but the patellar reflex remained until death.

The spinal column appeared microscopically normal; it was only after it had been hardened in Müller's fluid that definite fields of degeneration in the spinal cord could be distinguished. The fields showed a different area than is usual in tabes, and the degeneration was most extensive and intense in the *cervical* region, and very little, if any at all, in the lumbar cord. N. E. B.

NERVOUS SYMPTOMS OF SECONDARY SYPHILIS.—Prof. Fournier, *Journal de Médecine*, p. 15, 1888.

Individual conditions have a great influence upon the nature of the disorders produced by the syphilitic virus. Sex also plays an important role; women being more prone to general nervous disturbances than males, also more often develop general neuroses as a consequence of syphilis.

These occurrences Fournier has divided into headache, disturbances of sleep, neuralgias, affections of sensation, general neuroses, neuroses of the great sympathetic, and visceral neuroses. The headaches are not any more frequent in females than in males. The disturbance of sleep occur as a symptom of secondary syphilis very frequently in women, and are independent of any pain or headache: it is an essential insomnia without any recognizable cause. In some patients all symptoms of neurasthenia occur, and are then only relieved by antiluetic remedies. Neuralgias are more frequent in females, and differ from ordinary neuralgias in the pain being more neuralgiform than neuralgic. They appear in three types—fascial, very frequent; intercostal and sciatic, less frequent. In the fascial form the infraorbital branch is most frequently affected, in the sciatic also, only a single branch is involved. The diagnosis is of importance, but not always easy. The disorders of sensation which occur as a result of syphilis are not generally known, and are often confounded with symptoms of hysteria. The occurrence of analgesia, anæsthesia, and loss of temperature sense is referred to, and their duration said to be very long, from several to fifteen months. G. W. J.

THERAPEUTICS OF THE NERVOUS SYSTEM.

TREATMENT OF NERVOUS AND MENTAL DISEASES BY SYSTEMATIZED ACTIVE EXERCISE.

While massage and electricity have received a large share of attention from neurologists, these have neglected too much the use of medical gymnastics, particularly systematized active exercise. In a large number of nervous and mental cases, the improvement of general nutrition is the one thing needed to bring about relief or cure. To this end a most effective aid is found in systematized active exercise. The movements may be classed as passive, duplicated active (operator and patient both taking part,) and active exercises. Treatment should be carefully individu-